

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or **Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

27367 7590 09/21/2006

WESTMAN CHAMPLIN & KELLY, P.A.
 SUITE 1400
 900 SECOND AVENUE SOUTH
 MINNEAPOLIS, MN 55402-3319



Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Z. Peter Sawicki (Depositor's name)
[Signature] (Signature)
November 13, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/392,243	09/09/1999	JOHN H. LEE	27338	9819

TITLE OF INVENTION: PROCESSES FOR MAKING PROTEIN HYDROLYSATES FROM ANIMAL PEPTONE AND FOR PRESERVING MUCOSA
 11/17/2006 HGBRENE 00000064 09392243

01 FC:1501
 02 FC:1504

1400.00 OP
 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAUCIER, SANDRA E	1651	435-068100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Westman, Champlin &
 2 Kelly, P.a.
 3 Z. Peter Sawicki

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Land O'Lakes, Inc.

Arden Hills, Minnesota, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2321123 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

[Signature]
Z. Peter Sawicki

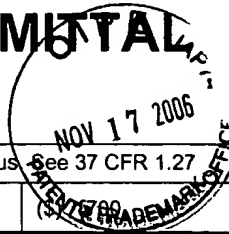
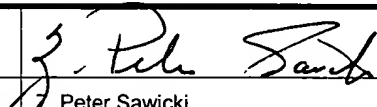
Date November 13, 2006

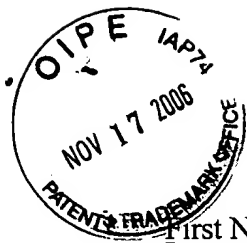
Typed or printed name

Registration No. 30,214

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="font-size: 2em; font-weight: bold; margin: 0;">FEE TRANSMITTAL</div> <div style="text-align: center; margin-top: 10px;">  </div>		Complete if Known					
		Application Number	09/392,243				
		Filing Date	September 9, 1999				
		First Named Inventor	John H. Lee et al.				
		Examiner Name	1651				
		Art Unit	S.E. Saucier				
		Attorney Docket Number	L111.12-0073				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT							
METHOD OF PAYMENT (Check all that apply)							
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (Please Identify): _____							
<input checked="" type="checkbox"/> Deposit Account - Deposit Account Number: <u>23-1123</u> Deposit Account Name: <u>Westman, Champlin and Kelly</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
20	- 20 or HP = 0	x 50 =	0				
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	- 3 or HP = 0	x 200 =	0				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0			
4. OTHER FEE(S)							
Other Fee(s)	Fee(s) Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)	-						
Other: <u>Utility Issue Fee (1501) and Publication for Normal Publication (1504)</u>	<u>1700</u>						
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent)	30,214	Telephone: 612-334-3222			
Name (Print/Type)	Peter Sawicki			Date: <u>Nov. 13, 2006</u>			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named
Inventor :

John H. Lee et al.

Batch No:

Appln. No.: 09/392,243

Allowed: September 21, 2006

Filed : September 9, 1999

Group Art Unit: 1651

For : PROCESSES FOR MAKING PROTEIN
HYDROLYSATES FROM ANIMAL
PEPTONE AND FOR PRESERVING
MUCOSA

Examiner:

Docket No.: L111.12-0073

S.E. Saucier

CERTIFICATE OF MAILING

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Submitted herewith is our Credit Card Payment Form (PTO-2038) in the amount of \$1,400.00 as payment of the Issue Fee in the above-identified application, along with the Issue Fee Transmittal.

In the event the attached Credit Card Payment Form (PTO-2038) is unacceptable, or the check is omitted, or if there are any additional fees associated with this application, please charge the required fee or credit any overpayment to Deposit Account No. 23-1123.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **November 13, 2006**.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By: *Z. Peter Sawicki*

Z. Peter Sawicki, Reg. No. 30,214

900 Second Avenue South, Suite 1400

Minneapolis, Minnesota 55402-3319

Phone: (612) 334-3222 Fax: (612) 334-3312